
Self-Care as a Burdened Virtue

Kirsten Donato

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In this paper, I complicate the moral lives of patients, specifically the mentally ill, and the moral burdens they face when addressing one's self-care in managing chronic mental illnesses, such as schizophrenia or bipolar disorder. Much attention has been paid to the moral aspects of the doctor-patient relationship, and the moral responsibilities of doctors. Bioethics, though, often limits its discussion of the moral responsibilities of patients. I will articulate how self-care is an opportunity for patients to take control over their morality.

The goal of this paper is to demonstrate that self-care is a burdened virtue among the mentally ill. In this paper, self-care is defined as a combination of three factors: 1) self-awareness of current health status, 2) one's place in the world, and 3) ability to take action to promote one's wellbeing through this awareness. Additionally, I will argue for my points above using a conception of the mentally ill as an oppressed group; for the sake of brevity, I am going to assume this conception of the mentally ill, rather than argue that it is true.

As I understand the mentally ill as an oppressed group, I utilize Tessman's work (*Burdened Virtues*) where she defined

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“burdened virtues” as those traits that help one obtain human flourishing, but also detract and negatively impact the well-being of one’s self, which inevitably lead to the chance of great pain and suffering in the individual.^I A burdened virtue both contributes to *and* inhibits human flourishing, especially for members of oppressed groups.

Self-care is both enduring unchangeable factors associated with the diagnosis and having the courage and fortitude to respond, along with an attempt to flourish under these factors. Mentally ill individuals experience well-documented hardships related to their treatment. They also have deficiencies in self-awareness in times of grave danger. Self-care provides mentally ill patients the ability to act in their best interests at all times, but specifically during times of instability. Self-care for a mentally ill patient is not the same as a mentally healthy patient taking responsibility for her health or acceptance of the sick role; the addition of self-care complements patient responsibility.

To help discern why self-care is a virtue, and specifically a burdened one, I will use the narrative of a schizophrenic patient from a popular book, *The Quiet Room* by author and fellow patient advocate, Lori Schiller. I will explore the following three questions: What is the nature of the virtue of self-care? What would it look like to practice self-care? Why is the virtue of self-care needed in the mentally ill population? Finally, I will compare self-care in two different populations, women who experience oppression and the mentally ill. In doing so, I will point to the differences between the two, and also begin to explain why self-care is a burdened virtue in the mentally ill, but one for oppressed women.

What is a Virtue?

As Aristotle defines it, virtue is the development of good moral character. Such character is created, transformed, and refined by good or virtuous actions. Virtuous actions are seen to be the comfortable middle between the opposing vices of excess and deficiency.^{II} Alasdair MacIntyre, in his modern approach to Aristotelian virtue, distinguishes internal versus external goods, which can be associated with excellence versus effectiveness.^{III}

Internal goods are those that are gathered by the participation in the practice whereas, external goods are just happenstance and occur through random chance of the situation. In that, internal goods can be considered goods of “excellence” and external goods to be goods of “effectiveness”. To clearly understand what virtues are and what they mean, it is imperative that a virtue is displayed through a range of practices, with both internal and external goods. In addition, through those practices, critical assessments and other measures must be taken within the actual practice itself so as to ensure the virtue applies properly and an intended social purpose is met. For example, wastefulness is excessive spending of money and stinginess is the opposite; generosity lies in the middle. Generosity is the center between giving just enough while not inflicting self-harm via martyrdom by giving everything away.^{IV}

A virtue is defined by MacIntyre as an “acquired human quality where the possession and exercise of which tends to enable us to achieve those goods which are internal to practices and the lack of which effectively prevents us from achieving any such goods.”^V MacIntyre’s beliefs can be summarized as a mechanism where virtue results from both action and character in a cyclic relationship where deliberation and rationality are central. This virtue mechanism is required for maintaining a specific social role and for excelling in a specific area of practice under that role. By definition, practice is *“any coherent and complex form of socially established cooperative human activity through which goods internal to that form of activity are realized in the course of trying to achieve those standards of excellence which are appropriate to, and partially definitive of, that form of activity, with the results that human powers to achieve excellence, and human conceptions of the ends and goods involved, are systematically extended.”*^{VI} Therefore, virtues do not exist only out of actions but as some culmination of actions, practice, and character. It is important to note that both good character and good activities are dependent on social, historical, and cultural contexts.

Inevitably, any trouble in this mechanism can result in outcomes such as poor cultivation of virtue, issues related to character, and the resulting actions of the individual. Furthermore, we must note the difference between internal and external goods in

relation to practice. As previously described, a practice is a complex, cooperative social activity where excellence can be achieved through understanding of the goods involved in the activity. In continuation, external goods, are related to a competition where there are winners and losers. However, these are just objects that seem beneficial but do not improve one's virtue. In contrast, internal goods are based on the outcome of the competition and the benefit of the achievement to the entire community. Two key points are crucial to remember: first, the acquisition of virtues is a means to an end. Second, that relationship is one of internal, rather than external, goods.

The Nature of Self-Care as a Virtue

To understand how a virtuous patient should engage modern psychiatry, one must notice that the practice of medicine is dependent on social and historical forces. Thus, the patient suffering from mental illness cannot be separated from the social and historical forces that created both the conception of mental illness, nor from the related forces that created the mentally healthy patient. Patients enacting self-care are working through the practice of medicine via the patient-provider relationship. In schizophrenia, patients often go through waves of their disorder, including the active phase known as the hallucinations, delusions, and disturbance in their thoughts and feelings; while they also can go through periods of passive, less symptomatic schizophrenia.

Often, the mentally ill patient is thought to have failed or is deemed incapable of being responsible for herself, in attending to her physical, mental, and moral well-being. As an example, consider the work of Lori Schiller, a psychiatric patient challenged with the burden of her illness and the challenges that follow. An excerpt from an interview with Lori Schiller states:

People would say to me, 'Why do you want to kill yourself? Are you depressed?' More than anything else I wanted relief. I couldn't listen anymore. I could see those faces on the walls laughing at me or telling me I had to die.^{VII}

Furthermore, her life still comes with a price. She is constantly aware of her illness, has to manage her medications, and has to

cope with a variety of responses from individuals who attend her book signings or other public events. These responses can be particularly challenging when she encounters individuals who have misconceptions about schizophrenia or her experiences living with a mental illness.^{VIII} Elsewhere, Schiller discusses how her suicidal ideations often kept her calm and centered because it followed what the Voices wanted her to do. She begins by saying: “As frightening as these potential suicidal scenarios seem, they are all held for me a real ending of tranquility and eternal peace.” She precedes this by discussing how she received her diagnosis:

Eventually, I entered the ‘revolving door’ into the so-called mental health system. The doctors, so dapper and professional in their psychiatric style and attire, told my parents that I was a paranoid schizophrenic who had little chances of getting better. My diagnosis was just another ‘sick chronic psychiatric patient’ to be shoved away forever in some hospital.^{IX}

Moving forward, we should recognize that these scenarios are but two examples of what schizophrenia patients might cope with as part of their diagnosis. Through these examples, the virtue of self-care will be explored.

Here, it is helpful to clarify the nature of self-care, particularly in contrast to other standard virtues with which patients might engage. Above, I defined self-care as a combination of self-awareness of current health status and place in the world, along with the ability to take action to promote one’s wellbeing through this awareness.

Self-care is not “responsibility for self.” Responsibility is based on a person’s intentions, whether voluntary or involuntary. Moral responsibility is too much for the mentally ill. Furthermore, a person is responsible for their character because a person develops their character through their actions.^X Responsibility is a process that occurs when acting as a normal agent. The mentally ill are often unable to take complete legal or moral responsibility and are unable to act as a legal or moral agent. Thus, the virtue of responsibility does not fit the need required by this group and is rather unattainable for them.

Due to this, self-care is a virtue that can be achieved by the mentally ill, versus responsibility for self, which requires agency that might not always be achieved in this population. Self-care is more manageable for the mentally ill than responsibility; although it is weaker than the virtue of responsibility, it is still an important virtue.

Furthermore, self-care is not reducible to “prudence.” Prudence can be defined as a reluctance to take risks or over-cautiousness; it also can be termed as rational choice or practical wisdom. Prudence is the ability to govern and discipline oneself by the use of reason. Likewise, it also incorporates a course of action that is related to perfection of ability. To explain, without prudence, virtue is practically impossible because a balance is unattainable. Self-care is a different virtue than prudence because prudence lends too much towards perfection and an absolute balance without being too cautious or too practical. Self-care is about self-awareness and the ability to act for an individual’s best interest, whether or not it is practiced in too practical or too cautious a method.

In *The Rules of Insanity*, Carl Elliott discusses the differences between ignorance and compulsion and how that relates to the responsibility of an individual. Ignorance is defined as a person not being aware of their actions, whereas compulsion is defined as a person not being able to help what he or she is doing. In a schizophrenic patient, often the individual lacks awareness of his or her actions, which means that he or she also is not in control of character because of the inability to rationalize and deliberate.

In this mechanism, based on MacIntyre’s previously-defined theory of practice, it seems impossible for a mentally ill person to be virtuous. Prudence suggests that the person must perceive and understand the situation appropriately and further act on behalf of that perception. The perception and judgement required are already in question in responsibility, but in prudence, character is more than just the sum of actions. Mental illnesses, especially schizophrenia, stunt a person’s ability to advocate and determine what is best for one’s personal welfare. This negates any possible self-protectiveness, especially in regards to the virtue of prudence.^{XI}

The mentally ill have no opportunity to achieve the flourish-

ing associated with the virtues of responsibility and prudence. If living is about the ability to experience emotional connections, responsibility, flourishing, and other internal goods related to the virtue of self-care, then, the mentally ill do not have the opportunity to follow the definition of human flourishing with those virtues. This is because the patient is unable to practice the virtue of self-responsibility or prudence properly due to his or her illness. This does not mean these individuals are incapable of practicing self-care or other virtues; it means that the practice of self-care and related virtues rely on the development of multiple social identities in an individual, and intermingle depending upon the current mental state. This kind of care-taking is beyond the scope of medical professionals or family members. Instead, it is about the individual and her understanding and perception of the limitations of illness.

Self-Care Enacted

The practice of self-care is challenging to achieve in practice, as is true with most of Aristotle's virtues. As previously described, self-care is defined as a combination of self-awareness of current health status and place in the world along with the ability to take action to promote one's well-being through this awareness. For example, self-care in the mentally ill could be patients taking the initiative to discuss medication side effects they are experiencing with their providers and, further, having an open conversation about what can be done in the future to prevent those side effects, whether through discontinuation of the medication (safely) or counseling services. In many cases, individuals may feel that they are betraying themselves by having those open conversations, in particular the case of schizophrenia, where voices may be telling them to do otherwise.

Honoring oneself is related to recognition and giving reasoning for choices and emotions.^{xii} It is extremely difficult to maintain personal honor while also sacrificing oneself through the burdened virtue of self-care. To clarify: honoring oneself is completely separate from self-care, but I will use the nature and practice of honoring oneself to further understand the virtue of self-care. Self-care, in contrast, is not at all about recognition but

rather about self-respect and preservation of the self through alternative and preventative methods such as plans for “bad” days for loved one to follow or additional friendships and connections to maintain the “good” mental health status rather than a spiral downwards. Self-care in psychiatric patients enables actions to take place even when they might not be able to honor themselves because a specific level of awareness and rationality is not being reached. Therefore, they must practice self-care, which entails putting responsibility and care in the hands of those trusted and respected to make decisions on behalf of the individual. This can further help to limit the damage that can ensue from their inability to practice self-honor. Self-care also is about understanding the various levels of involvement required for proper psychiatric care. This includes therapists, doctors, family members, and social workers as part of the treatment regimen and allowing open communication networks between any and all of these people.

Another important distinction of self-care is that self-care is a particular *obligation* that mentally ill patients owe themselves. The repetitive nature of chronic mental illness requires a significant amount of endurance. The virtue of self-care can help prevent further hospitalizations and better mental health outcomes. Thus, interestingly, virtues-including self-care have a great social benefit.

Being mentally ill does not require the patient to be self-sacrificing, but rather the illness creates difficulties for the individual and health care professionals interacting with these individuals. If psychiatric patients choose not to practice self-care, they are cheating themselves out of the life they are guaranteed. In addition, self-care is about the realization of one’s own obligations to oneself and the recognition of the work one has to do so that others may help. A common question could be, does a severely mentally ill patient, such as a schizophrenic, have autonomy or rational decision-making skills? This balancing act is hard enough in a healthy patient, but once a psychiatric patient is tasked with understanding various facets of human character and related actions, the challenge of virtuous actions can become overwhelming and further perpetuate a struggle for human excellence in a psychiatric patient. Therefore, the actual virtue of self-care eliminates some of the baggage associated with other virtues

(such as prudence and responsibility). Self-care is *practiced* when the patient is autonomous and able to make competent decisions whereas self-care is *enacted* when the patient is unable to act for one's best interests.

Self-Care as a Burdened Virtue: Differences in the Mentally Ill and Women

How is self-care enacted in other groups facing oppression, as women, different from its enactment by mentally ill patients? Oppression is the use of authority, law, or physical force, in an inequitable manner, to prevent others from being free and equal; a systematic mistreatment of a targeted group.^{XIII} Identity is something that is unchosen, however, it also is about who we are as individuals in relation to everyone else.^{XIV} Self-care among women is about taking action and claiming responsibility over their environments and identities in order to gain autonomy and independence as women. In contrast, self-care in the mentally ill is about understanding the different realms of mental stability and lucidness associated with the illness and developing skills to act properly in those different realms, especially in circumstances where self-sufficiency is not possible due to the lack of choice in mental illness.^{XV}

The practice of self-care is different for women and the mentally ill. A woman who is constantly undergoing inappropriate scrutiny by her male coworkers can go to her human resources department and report the coworkers; in this, she is taking action not only for her benefit but also for all women. Oppression, remember, works to cause harm to both the individual woman, and because of its systemic quality, women as a group or category. Alternatively, the act of reporting the event or whistleblowing could negatively impact her career by potentially leading to a demotion (or lack of promotion). Another example is standing up for women's health and reproductive rights. Though this is fueled by political and religious controversy, the root of the situation is still about women's health and the right she has over her own body. By addressing topics such as free contraceptives, women that actively discuss this with other women or the media, are acting virtuously through self-care and maintaining their identity and

rights as women. However, women who bring attention to this issue in an unjust manner can cause strife and further violence or discrimination of women.

For someone who has schizophrenia, developing an action plan for an alternate social identity can be self-care. Specifically, Lori Schiller knew she had schizophrenia and decided not to tell anyone for quite some time. This is going against self-care because she, as a mentally ill patient, has an *obligation* to practice self-care and to advocate for herself when she is able to do so. If not, she is inhibiting her ability to flourish as a human being because she is not pursuing a virtuous life. When she finally told someone, Schiller was able to release some autonomy, ensuring that when she was unable to take proper actions for herself, someone would be able to act in her best interest. This is a problem that often affects schizophrenics because they are unsure whether they have individual autonomy because the illness makes them feel otherwise.

At the same time, by asking for help, Schiller was able to start connecting with others. This small step was part of a much bigger step in social support, which is self-care. She also could have practiced self-care by telling her family members and friends about her illness and symptoms sooner than she did. The education and knowledge could have prevented one of her many suicide attempts and also could have taught those close to her about schizophrenia so they could help to reduce the stigma and weight she had to bear. Each of these examples demonstrates a way that she could have developed a social identity capable of handling the worst of her schizophrenia while also developing another social identity that allows her to take part in advocating for both herself and other mentally ill people. But how does involving others contribute to the virtue of self-care? Through the nature of self-awareness and, therefore, the actions made to benefit oneself, reaching out to trusted individuals grants the mentally ill a specific level of autonomy in hard situations; that is the virtue of self-care.

With all of this, where is self-care? It is part of both action and character, but also connected to rationality and deliberation. Self-care is impossible for an individual to enact as a virtue, to help survive that oppression, without also negatively influencing

her own well-being, given that self-care is a *burdened* virtue. The most engaged struggle around the virtue of self-care is separating it from being self-regarding, and therefore not a virtue at all. As Tessman argues in *Burdened Virtues*, self-concern may not be considered morally virtuous because a virtue is supposed to be other-regarding rather than self. The difference between self-concern and self-care is that, in self-care, the mentally ill patient is directly associated with providing evidence, support, and education for others to then assist in taking care of said mentally ill person. If Lori Schiller had educated, say, her close friends about her wishes for when her schizophrenia went into an active stage, they would be able to enact her best interests. This serves both the good of other's well-being and her own. In acting with self-care, Schiller would have been self-aware of her current health status by educating her friends and then she would have taken action to promote her own well-being by developing a plan for when her schizophrenia is active.

Conclusion

In conclusion, self-care is a combination of self-awareness of current health status and place in the world, along with, the ability to take action to promote one's wellbeing through this awareness. This is accomplished by the education, compassion, and caring which someone provides for the mentally ill individual. Self-care is more than just bodily care, and self-care is beyond responsibility or prudence. Self-care is a burdened virtue that acts in self-preservation for both the individual and the mentally healthy population. Self-care is different than personal responsibility for individual health. Self-care as a burdened virtue has two facets. First, self-care is the attempt to thrive despite oppressive factors associated with a diagnosis. Second, self-care allows mentally ill patients to develop the actions and enact those actions necessary to take responsibility and better their lives as well as other members of the group.

Notes

^I Tessman, 2005.

^{II} Aristotle and Ross, 2009.

^{III} MacIntyre, 2007.

^{IV} MacIntyre, 2007, Miller, 1994.

^V MacIntyre, 2007, pp. 191.

^{VI} Ibid., 187.

^{VII} Schiller, 1994.

^{VIII} Lombardi, 1994.

^{IX} Schiller, 1994.

^X Elliot, 1996.

^{XI} Lebacqz, 1985.

^{XII} Andre, 2015, pp. 45.

^{XIII} Frye, 1983.

^{XIV} Lindemann, 2006, pp. 43-45.

^{XV} Ibid., 46-47.

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